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LANGPORT RURAL DISTRICT COUNCIL

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ANNUAL REPORT

of

THE MEDICAL OFFICER OF HEALTH

For the Year Ended 31st December, 1961.



Health Department,
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CREWKERNE,
Somerset.

Telephone: CREWKERNE 419

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PUBLIC HEALTH OFFICERS

Medical Officer of Health.

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R. H. Badge, M.A.P.H.I.

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Clerk to Medical Officer

Miss Y. Michael, B.A.

Health Visitors

Mrs. O.J.M. Pitt, S.R.N., S.C.M., H.V.

Miss R. Sullivan, S.R.N., S.C.M., H.V.

Public Health Committee

Committee to 13.6.61.

J. Russell Thorlby (Chairman)
C. E. Ball
A. J. Bond
G. A. Burcham
Mrs. E. M. Dixon
W. H. Furze
C. T. Hill
Rev. W.E.L. Houlden
Capt. R. J. Jennings
P. H. Lock
G. MacTaggart (Vice-Chairman)
A. O. Mounter
Cmdr. E. Neville
A. Norris
Mrs. D. A. Pegg
F.W.S. Spearing
Mrs. A. M. Ubsdell

Committee from 13.6.61.

J. Russell Thorlby (Chairman)
S. J. Adams
C. E. Ball
A. J. Bond
Col. J. C. Cotton
Mrs. E. M. Dixon
W. H. Furze
W.F.T. Hector
C. T. Hill
Rev. W.E.L. Houlden
Major Gen. C.St.Q. Fullbrook-Leggatt
Capt. R. J. Jennings
P. H. Lock
G. MacTaggart (Vice-Chairman)
A. O. Mounter
A. Norris
Mrs. D. A. Pegg
Mrs. A. M. Ubsdell

To the Chairman and Councillors of the Langport Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my report for the year 1961.

Apart from measles there was little notifiable disease during the year.

In the text I have drawn attention to the present state of the school dental service which is unfortunately not satisfactory.

I have also put in a note giving the present position concerning radiation which the Council requested.

The environmental health services continued to function smoothly although there were frequent requests for an improvement in refuse collection. I have therefore included part of Mr. Binder's detailed report on this subject.

I wish to thank the Council and the Public Health Committee for the courtesy they have shown me during the year.

I am,

Mr. Chairman and Councillors,

Your Obedient Servant,

A.M. McCALL.

Medical Officer of Health.

SECTION A.

Statistics and Social Conditions of the Area.

Population

A census was held in April of this year and the Registrar General was able to compile an accurate total of the population which was 13,290. This figure has only been exceeded twice in the last fifty years: in 1941 the population was given as 14,810, in 1942 as 13,480. For the period 1900 - 1905, the population was 13,500 or more each year. The population density is point two three per acre.

Birth Rate.

The corrected Birth Rate for 1961 was 16.39 per thousand as compared with the national figure for England and Wales of 17.4. The average figure for the district in the ten years 1900 -1909 was 24.12. Eight illegitimate births were registered which equals four per cent. of live births, slightly less than last year.

Death Rate.

The corrected Death Rate for the year was 9.6 per thousand of the population and compares very favourably with the national figure of 12. The average for the ten years 1900 - 1909 was 15.02.

Coronary disease and other heart disease is responsible for 37 deaths, slightly fewer than the number caused by vascular lesions of the nervous system and other circulatory diseases. Cancer caused 28 deaths, slightly fewer than last year: three were due to cancer of the lung. Other lung conditions caused a further 16 deaths, including one death due to tuberculosis. Full details are shown in Appendix A, Table 3.

Maternal Mortality.

There were no maternal deaths in 1961.

Still-births.

There were four stillbirths during the year.

Infant Mortality.

Five infants died under the age of one year. Two deaths were caused by prematurity and two had severe congenital defects and failed to survive. One child died from broncho-pneumonia at the age of five months.

Social Services.

The social services provided by the local health authority were unchanged in 1961.

SECTION B.

General Provision of Health Services in the Area.

No new services were provided by the local health authority in 1961, but existing services were well supported.

Care of Mothers and Young Children.

The antenatal and postnatal care of mothers and children continued at a high standard and attendances at various clinics were satisfactory.

Antenatal Care.

Expectant mothers are in the care of their general practitioners and our district nurses visit all patients they have booked regularly until the time of confinement. No antenatal clinics are held and routine blood sampling is done by private practitioners or at Taunton Hospital.

Domiciliary Midwifery.

The/

The district nurses are present at all home confinements. The private practitioners do attend some cases but are always informed when a patient goes into labour and are available for consultation if there is any difficulty or abnormality.

Hospital Confinement.

All cases needing admission to hospital for various medical or social reasons are admitted to maternity units in Taunton, Yeovil, Wellington or Butleigh. As accommodation is still limited in the first two, early application is essential.

Infant Welfare Clinics.

The character of infant welfare clinics has changed considerably during recent years. Perhaps it would not be unprofitable to look at the changes that have occurred.

It is difficult to recall the infant of say, forty years ago. A puny little thing, with an old man's face, a woollen cap that gave an elfin look, a musty smell about it, often tintured with the reek of camphorated oil and layer upon layer of garments, perhaps as many as ten or twelve. Or the somewhat older child, flabby, with pink eczematous cheeks, irregular decaying teeth, large tonsils and adenoids and a snuffly nose. Those children seem to have disappeared like an evil dream. Today they are sturdy, well nourished, excellently clothed and with their happy mothers present a wonderful picture. In the unhappy world in which we live the sight of such children is one of the few sources that there are for solid satisfaction.

The two great scourges of days gone by have virtually disappeared. In summer the grisly procession from cot to coffin went on through the terrible epidemics of summer diarrhoea. In winter it was not much better, for there was another procession of absolutely livid children dying of broncho-pneumonia.

At first the infant welfare clinic was a life giving institution. As time has passed the child has improved in health, in strength and in peace of mind. The mothers too have grown cleaner, happier, better looking and better educated. The health education given year after year in the clinics and elsewhere has borne fruit. Some of this change is also due to improved treatment, much more to greatly strengthened resistance.

Broncho-pneumonia is now but a shadow of its former self - it is occasionally seen in a mild form, more often the mother says the child has had it. Summer diarrhoea is almost a thing of the past. Such cases as do occur show mild symptoms and readily respond to treatment and make a rapid recovery.

Diseases due to shortage of vitamins have gone with them. Scurvy has gone, rickets is seldom seen, then only a mild form in those whose mothers have neglected to give them their cod liver oil. Dental decay is the only illness which lags behind. During the recent war it almost disappeared due to sweet rationing. Now it is back again.

There remain largely unaltered the defects and deformities. The hare lip, the squint, the congenital heart, all continue to occur.

It is therefore not surprising that the character of the infant welfare clinic has changed. Today the primary reason for a child's attendance at the clinic is often for some preventive procedure such as vaccination or immunisation. However, this brings to the clinic a much wider selection of children than was formerly the case. There is often just as much need for health education among the higher social classes and opportunity is taken during visits to carry on the good work among this group of mothers who might never have come to the clinic in former days.

Curry Rivel/

Curry Rivel.

This clinic is held once a month and I and two district nurses are in attendance at all sessions. The attendance figures are shown in Appendix B, Table 1 and are very satisfactory.

Aller.

The district nurse in this village holds a baby weighing session at her house once a month.

Compton Dundon.

Transport is provided for mothers living in this village to attend the infant welfare clinic at Street once a month.

Kingsdon.

The number of children under five years of age does not justify the holding of weighing sessions, but the district nurse visits mothers in their own homes regularly for the purpose of baby weighing.

Health Visiting.

Mrs. Pitt is health visitor and tuberculosis health visitor for the western parishes. She attends all school medical inspections and does the home visiting and follow-up work in connection with them. In addition she is present at the hospital outpatients department when the Chest Physician attends. Miss Sullivan holds a similar appointment in the eastern end of the district.

Home Nursing.

The district nurses do a vast amount of home nursing during the year. Their duties are varied and are largely concerned with our ageing population. It is hard work and often of a dull and routine nature. However, it is very important to the community and we are fortunate that our nurses maintain such a high standard of efficiency.

Immunisation.

Immunisations continued to be given, mainly by private practitioners but some were given at the Curry Rivel Clinic. The vaccine being used now is nearly always triple vaccine giving protection against diphtheria, whooping cough and tetanus. The demand for immunisation against poliomyelitis declined but the opportunity was taken to offer a fourth dose to schoolchildren in the 5 - 11 year age group. Details will be found in Appendix B, Table 3.

Vaccination.

One hundred and twenty primary and ten re-vaccinations were carried out in 1961. There were 198 live births during the same period which gives an acceptance rate for primary vaccination at just over 60%.

Home Help Service.

The home help service, which is organised and administered by the Somerset County Council, was available throughout the Rural District. It is an expanding service but its scope is limited by the availability of suitable women to do the work. They naturally have to be carefully selected as the service is jealous of its reputation for hard, efficient work, together with kindness and consideration for those whose temporary difficulties they are helping to overcome. The area organisers in Taunton and Yeovil dealt with all applications.

School Medical Service/

School Medical Service.

I visited all the schools in the western end of the Rural District and carried out full medical inspections. Details are shown in Appendix B, Table 2.

During these inspections I talk to the children, particularly those leaving. I am interested in their future employment. When asked what they are going to do I never get an "I don't know" answer from a grammar school leaver, but it is not infrequent in the secondary modern school. It is a most unfortunate situation for a child within a month or two of leaving school not to know what he or she will do and even not knowing what they want to do. The vast majority of secondary modern girls seem to aspire to nothing more than one of three things, a factory, a shop or hairdressing. Occasionally a girl wants to nurse or join the Police Force, but these are exceptions. Boys show a little more imagination, but not much. I think that from the age of thirteen secondary modern school children should be interested in possible future employment. Nothing can be more frustrating than to be in a job in which one is not interested and which leads nowhere. This discontent is often manifested in delinquency.

Another topic I often discuss with leavers is smoking. Having read so much about children at the age of eleven being confirmed smokers, I am naturally interested to find out how many of our children are smoking regularly by the time they leave school. My impression is that in rural areas anyway, not a large number of children smoke regularly and quite a high percentage don't smoke at all. On questioning the smoker it often emerges that the parents smoke and even if they don't give the child cigarettes, they are readily available. Children whose parents don't smoke are frequently the non-smokers. Parents don't seem to realise the importance of example. It is practically useless for a father to lecture his child on the evils of smoking and chain smoke himself. There is a world of difference between the father who gives his son a shilling to go to a football match and the one who takes the boy to the match. Parents can't expect their children to be interested in the classics or to go to museums if they themselves never do either. I would therefore appeal to parents who are heavy cigarette smokers to change their smoking habits. Their example is vital if we are to stop the depressing increase in lung cancer continuing on into another generation.

School Dental Service.

I reported last year that regular dental inspections in the schools were not taking place and Appendix B, Table 2 shows the date on which the schools in our western parishes were last inspected. It will be seen that two schools have not received one visit in the last seven years and most of the schools have not had an inspection for at least three years. This is obviously unsatisfactory.

Orthopaedic Service.

The County Orthopaedic service holds clinics at Taunton and Yeovil and patients referred to them by private practitioners or via the school medical service are seen there by specialists. Copies of their reports are sent to the school medical officer in all cases.

Ophthalmic Service.

Copies of reports of the County Oculist and of opticians are sent to the school medical officer and are available at the time of his inspection. All instructions are checked and parents advised if they are in any difficulties. I do simple refraction at the schools and refer all cases, as necessary.

Epileptics./

Epileptics.

The term epilepsy has come to include a group of conditions in which there exists a persistent liability to periodic seizures. It may be possible to find the cause or there may be no demonstrable organic brain lesion. It has been estimated that 70% of cases occur before the age of twenty and 85% before the age of twenty-five. It is therefore a disease which manifests itself in the young. From the point of view of prevention of serious disability early and accurate diagnosis is very important.

Among school-children this distressing illness calls for special consideration and careful handling. In most cases the general practitioner will be the first person to whom the child is taken. Practically all cases benefit from specialist opinion. Modern therapeutic treatment is now so successful as to allow children to continue to attend the ordinary school. These are the lines on which we base the handling of epileptic children in our schools. I as school medical officer, receive a copy of all specialist reports. I see the children at each inspection and I report on their suitability for employment when they are ready to leave. They are encouraged to live as normal a life as possible consistent with their disability.

Spastics.

Drugs are of little value except in controlling fits, but in the absence of gross mental deficiency much may often be accomplished by assiduous training. The services offered in the area follow these lines. In infancy physiotherapy to prevent contractures and later active movements are encouraged. Surgical intervention is used in those cases when the child's intelligence will enable him to benefit from such treatment. The educational side is not forgotten. If possible the child attends the ordinary school; in other cases home tuition or attendance at a special school is arranged.

Blind Persons.

The Somerset Association for the Blind carry out the general work on behalf of and with a grant from the County Council. This arrangement works very well in practice. There are forty-eight registered blind persons and five partially sighted persons resident in the area. Prior to admission to the Register, a blind person is examined by a medical practitioner with special experience in ophthalmology. Little delay is experienced in having persons known to be blind admitted to the Register.

Ambulance Service.

This service, provided by the County Council, is operated from centres at Taunton and Yeovil. All calls for an ambulance are directed there. The centres are in radio communication with all their vehicles and delay is cut down to a minimum. The Rural District received satisfactory cover in 1961.

Mental Health Services.

These services are administered by the County Council through the Mental Health Sub-Committee. This is an expanding department of the County Council and is assuming more importance each year.

National Assistance Act.

No statutory action was necessary during 1961.

Care of the Aged.

The problem of the ageing population is increasing each year. In 1250 the expectation of life was 35 years. Three hundred years later it was down to 30 years. In 1750 it was back to 35, by 1900 it had increased to 44 years. In 1940 it was 59, now it is 71. In twenty-two years the expectation of life has increased by 12 years. There are about five and a half million persons aged 65 years or more, a ninth of the population of England and Wales.

It/

It is generally agreed that most old people want to, and should be encouraged to retain their independence for as long as possible, but this means that some will be forced to make increasing demands for assistance. General practitioners have to bear a continual responsibility with an increasingly high consultation rate. Local authorities find a similarly higher demand for their domiciliary services.

The general practitioner readily deals with common problems of age, the failing sight and hearing, the defective teeth. However, the main problem is increasing infirmity. Here the local health authority can and does give a great deal of help. The care of old people to be successful, must be regarded as a co-operative exercise with the general practitioners as the leading members of a team.

All the normal services are available in the Langport Rural District for the ageing population. The Government are now encouraging local authorities to support voluntary organisations which are doing work in this field.

All efforts are designed to keep the elderly independent in their own homes as long as possible. The provision of special housing with which we have been active is of considerable help in these efforts.

Health Education.

The Council supported the Central Council for Health Education and made use of their excellent posters and leaflets and also displayed publicity material supplied by the Ministry of Health.

I and the district nurses continued to speak to various organisations on subjects concerning the health and welfare of our residents.

SECTION C.

Prevention and Control over Infectious Diseases and Other Diseases.

Details of the infectious diseases notified will be found in Appendix C, Table 1.

There was a fairly widespread outbreak of measles and a few cases of scarlet fever. There were fewer cases of dysentery due to *sonne bacillus* notified, as compared with 1960.

The immunisation campaign against diphtheria continued and vaccination against poliomyelitis continued to be given. Just under a thousand children received a fourth re-inforcing injection. The vaccination programme against tuberculosis was carried out in the senior schools in February and received fair support. The success of this effort will become increasingly obvious in the next few years.

One of the preventable diseases against which we are losing ground is dental decay. It continues to increase each year throughout the country.

Just before the war most local health authorities had a full complement of dental surgeons. In 1948 they were recruiting when the National Health Service Act was passed. Dental surgeons left the Public Health Service for private practice which at that time was far more lucrative. Instead of making treatment of children a priority service under the Act, they were completely neglected. Since then salary increases have been given to dental surgeons working for local health authorities, but they still have not reached a level which attracts dental surgeons back into the service or induces active young dental surgeons to join and make it a career. Local authorities know this but will not face up to the cost of the remedy

The

The Mass X-Ray Unit made a short visit to the district in June and 166 were X-rayed at Curry Rivel and 307 at Somerton. Details are shown in Appendix C, Table 2.

SECTION D.

Environmental Health Services.

A. Sanitary Circumstances.

Climatic Conditions.

The rainfall recorded during the year was 26.48 inches, being equivalent to 85.4 per cent of the average yearly rainfall recorded since 1950. The following table shows a comparison of the rainfall during each of the last three years:

	<u>1959</u>	<u>1960</u>	<u>1961</u>
January	4.05 inches	3.05 inches	3.74 inches
February	0.21	3.26	2.72
March	3.04	2.15	0.03
April	3.00	2.64	3.19
May	0.57	1.31	0.76
June	0.68	0.76	0.63
July	1.69	3.14	1.26
August	1.51	4.10	2.90
September	0.06	4.11	3.30
October	3.04	8.76	3.77
November	5.76	4.02	1.17
December	6.86	3.33	3.01
	<u>30.47 inches</u>	<u>40.63 inches</u>	<u>26.48 inches</u>

Water Supply.

The water supply was generally satisfactory in quality, although three samples of untreated water from the Barrington supply indicated slight contamination. However, low pressure and inadequate pipe size rendered the supply in the Western Parishes inadequate to meet the demand. We were therefore forced to purchase additional water from the Chard Rural District. In order to rectify the contamination discovered in the Barrington supply, a drip feed chlorination plant was installed pending the arrival of an electrically operated chlorination plant, the purchase of which has been approved by the Council. Details of the supply will be found in Appendix D, Table 1.

Elsewhere in this report I have referred to dental caries. Prevention of this disease is possible if the existing fluoride content of the water is brought up to an optimum figure. Since 1953 field studies have been carried out in England and the results are now known. These confirm the experience of other countries, notably America and New Zealand. The figures show that the use of adequately fluoridated water has decreased the amount of dental decay in young children to a very gratifying extent. The Standing Dental Advisory Committee for England and Wales have expressed satisfaction with the way the trials were conducted and agree with the findings. They advise action to promote the general adoption of fluoridation of all public water supplies where the existing fluoride content is deficient. Let us hope the Government will soon take steps to implement this advice.

Sewage Disposal.

The parishes of Somerton, Kingsbury Episcopi and Curry Rivel have main drainage. However, the works at Kingsbury Episcopi and Curry Rivel were not considered satisfactory and alterations were made at/

at Curry Rivel during the year at a cost of £5,550 and work was in progress at the end of the year to improve the Kingsbury works at a cost of £27,624. Work continued on the Langport and Huish Episcopi sewerage scheme which is still incomplete.

I reported last year on the parishes urgently needing sewerage schemes. There were seven of these and a further six have been placed in priority 2. Preliminary estimates indicate that the cost in each parish would near £40,000 and detailed consideration of the problem will take place in 1962.

Refuse Collection.

The problem of how to improve the collection of refuse in the Rural District is still unresolved. The Public Health Committee gave a great deal of attention to it during 1961 and Mr. Binder was called upon to submit yet another detailed report. This was presented to the Council in October. He reviewed the situation since he took over in 1948. Although unspectacular, he pointed out that there has been a steady improvement over the years. First of all the attitude and efficiency of the refuse collectors themselves improved and now very few complaints are ever received. These complaints are never directed at the collectors themselves, but are generally requests for additional collections. Modern vehicles and equipment have been purchased, new tips have been taken into use and more labour has been employed. All these have resulted in an efficient service and an increase in the number of collections in eight districts. All this has been achieved despite the fact that the number of inhabited houses in the district has increased by some 750 during the period. At present the annual cost of refuse collection in our district is £3,868, or the equivalent of a 9.16d. rate.

Mr. Binder has done a very detailed calculation of the cost of increasing all collections to make them fortnightly, this by using our old freighter. The annual additional cost would be 3.9d. rate in the pound. The Council would also be faced with the ultimate replacement of the old freighter which, together with additional garaging would involve a capital sum of some £3,500. If the collections were further stepped up to a weekly basis a rough estimate is that the rate would be increased by something a little less than 6d. in the pound.

There are numerous parishes still receiving a monthly collection and it would be a boon to ratepayers residing in these parishes to have the benefit of at least a fortnightly collection bearing in mind that their rate contributions for refuse collection and disposal are at the same level as those persons already receiving a weekly or fortnightly service.

Rodent Destruction.

One full-time rodent operator is employed. Regular inspection is carried out throughout the district. Treatment to private dwellings are made free of charge but business premises and agricultural premises are treated at cost. A contract scheme is in operation for farm premises and 71 contracts were in force at the end of the year. A total of 800 treatments were carried out by the operator during 1961.

Nuisances.

The Public Health Inspectors dealt with all cases of complaint and statutory action was authorised where informal notices did not effect a satisfactory remedy.

Swimming Baths.

There are two private swimming baths in the District, one at Kingsdon Manor Special School and the second at Huish Episcopi Secondary Modern School. Both are hand chlorinated and are sampled by the County Council's staff. A strict schedule has been laid down for their maintenance and use.

Radiation/

Radiation.

During the year there have been several enquiries on various aspects of Radiation and its general effect on our environment. Most of these queries are sensible and rightly addressed to this department. Quite apart from the spate of questions which always follow weapon testing, there are an increasing number of problems attendant on the use of radioactive substances and these are the subject of speculation by our residents. People should be interested in the effects of the use of radioactive substances, they are going to be with us from now on, and they and their uses are going to affect our everyday lives. This is not a matter for alarm and despondency; we must learn to live with them.

Exposure to ionising radiations and radioactive substances may be incidental or occupational. I suggest we group them roughly:-

(i) Personal public exposure.

- | | |
|--------------------|---|
| (a) Miscellaneous: | e.g. T.V. tubes.
Luminous watches.
Shoe fitting fluoroscopes
High altitude flying.
Nuclear test bomb fall-out. |
| (b) Special | e.g. Medical diagnostic radiology.
Radiotherapy. |
| (c) Occupational | e.g. Nuclear power and weapon activities.
Use of isotopes in industry, agriculture, medicine.
Industrial testing (thickness gauges, leak testing).
Mining of radioactive ores. |

(ii) General public exposure.

- e.g. Environmental hazard to plants and animals.
To life cycles

These may arise from

- Nuclear test explosions.
Radioactive waste disposal.
Nuclear reactor accidents.
Processing of irradiated nuclear fuel elements.

In this long list of hazards some such as those of T.V. tubes and high altitude flying are so small that under present conditions they can be ignored. Others are greater but are being increasingly well controlled. These include shoe fitting fluoroscopes and many occupational hazards such as industrial testing with X-rays and isotopes. Some hazards suspected not to be negligible have not yet been assessed due to present lack of fundamental knowledge. These include the environmental risks and research workers are actively working on these problems.

In areas like our own where little use is as yet made of radioactive substances in industry one problem which could present a hazard difficult to forecast is accident during transport of radioactive substances. As more electricity is generated by fission power, there will be an increase in the transport of highly radioactive spent fuel elements to specified centres for processing. Presumably railways will be mainly used. Regulations have been drawn up to cover the transport of radioactive substances by rail, road, post, sea and air.

It can be seen that the dangers are by no means of theoretical interest, but are of increasing practical importance. The disposal of radioactive waste is the greatest, the processing of irradiated elements being of prime importance.

Since the end of the War the International Commission on Radiological Protection has been working continuously on the fundamental scientific basis of the problems. New information is coming forward all the time necessitating frequent revision of the standards/

standards which the I.C.R.P. has from time to time introduced.

There has been criticism of the time which urgent legislation is taking to appear. This is understandable. There are three main reasons for the delay. First, as already stated, the I.C.R.P. is continually having to revise its standards in the light of new information and this leads to re-drafting of regulations. Secondly, the complex nature of the legislation itself. Thirdly, the number of persons qualified to do the work is severely limited. However, there are, or will be, in the next year or so, six Acts on the Statute Book dealing with nuclear energy and related matters, including radiation protection.

As a local authority we are not concerned with occupational, but with incidental and environmental radiation hazards. This is the point at which we are least well protected by experience, a situation which suggests that there can be no such thing as too much vigilance. The essence of sound radiation hygiene is to be wise before the event because the effects of radiation are irreversible.

In the Radioactive Substances Act, 1960, the Government has established a Centralized Control in radiation protection. The reasons for this are many. The main ones are a need for unified standards, economy in equipment, expenditure and trained manpower. The present scarcity of adequately trained specialists in radiation protection would make it impossible to operate an efficient control over radioactive hazard on a decentralised basis. Local authorities will be consulted and used under the 1960 Act but they cannot under that framework, act as an independent assessor of radiation risk. Under the Act local authorities will receive detailed information concerning local radiation activities and modes of radioactive waste disposal. In order to use this information public health inspectors will need to be trained in the basic essentials of radioactivity and radiation hazard so that they are able to assess the potential nuisance or injury likely to arise from a given source. Given the appropriate training there is no reason why a local authority faced with a potential radiation hazard should not equip itself for the simpler sorts of radiation detection, but certain sorts of measurement are, and will remain, beyond the competence of the average local authority. Such matters as the precise determination of very small quantities of radioactivity, or its exact measurement in a living person involve complex techniques and much skill. They quite rightly will be the concern of the Radiological Protection Service.

And now a word about the levels of radioactivity in the area in 1961 following the resumption of nuclear weapon testing.

The Government policy of monitoring fall-out from nuclear weapon tests involves the annual collection of several thousand samples of milk, green vegetables, water, and other components of the diet. Special attention is paid to areas of high rainfall where deposition of fall-out tends to be the greatest. The monitoring is undertaken by the Agricultural Research Council and the levels for 1960 have been published. The results showed that the levels of Strontium 90 in milk in the area which included Somerset, were amongst the lowest in the country, being 5.39 micro-microcuries of Strontium 90 per gram of calcium, compared with the national average of 6.40 micro-microcuries of Strontium 90 per gram of calcium.

These levels are far below those which would give rise to levels in bone approaching those considered by the Medical Research Council as requiring immediate consideration.

Measurements for Strontium and caesium in drinking water have been made since 1957. The sources tested are representative of the three major types of supply; underground, river and reservoir and have been selected with a view to covering different parts of the country and as large a proportion of the population as possible. The latest report of these measurements was issued in June. The average person is estimated to derive from drinking water only/

only about 5% of the total Strontium 90 he ingests and the Medical Research Council have stated that there appeared to be little need to give detailed consideration to this source of ingested Strontium 90. Measurements are continuing.

A check has been kept on the levels of iodine 131 in milk throughout the United Kingdom since weapon trials were resumed. The Medical Research Council have stated that the acceptable radiation dose would not be exceeded for infants under one year of age, the most susceptible group of the population, unless the average concentration of iodine 131 in milk rose above 130 micro-microcuries per litre over a period of one year, or higher concentrations were maintained for correspondingly shorter times. The latest results published showed that even in the regions where the highest levels have been observed, the level quoted above would not be reached unless the levels then present were maintained for a further six or seven months or were substantially increased.

It is not expected that iodine 131 in public water supplies will present a cause for anxiety and the preliminary measurements which have been made under a supplementary monitoring programme so far support this view.

B. Factories Act.

Details of the inspections carried out by the Public Health Inspectors are shown in Appendix D, Table 2.

C. Housing.

Appendix D, Table 3 gives details of the housing situation in the district. This is a very comprehensive table which gives much interesting information. It will be seen that there are 151 applications for Council housing and another 43 old people applying for special housing.

At the moment the number of houses being built privately exceeds the Council rate. The programme for 1962 will help to reduce the number of applicants for special housing, but will not make much difference to the general total.

The Council continued to encourage applications for discretionary grants, but these are few. Sixty-eight applications were received for standard grants, sixty-four were approved.

D. Inspection and Supervision of Food.

Milk

There are thirteen registered distributors in the area and five registered dairy premises. Routine sampling is carried out by the County Council staff.

Ice-Cream.

Seventy-three premises are registered for the retail of pre-packed ice-cream. There are no manufacturers in the Rural District. I regret to report that no ice-cream sampling was undertaken during 1961.

Meat.

There are six private slaughterhouses licensed in the area. Four have been brought up to a satisfactory standard, one is in the course of reconstruction and one will cease to be used. Details of the meat inspections carried out during 1961 are given in Appendix D, Table 4. It shows that 100% meat inspection was again achieved in 1961. This is a very creditable effort indeed.

Food Premises.

Nine inspections and re-inspections of food premises were made during the year and informal action was taken to deal with contraventions of the Regulations.

There are seventy-nine premises registered under Section 16 of the Food and Drugs Act 1955.

APPENDIX A TABLE 1

Registrar General's estimate of Population mid 1961	...	13,290
Number of inhabited houses at the end of 1961		
according to the Rate Book	... ..	4,329
Rateable Value	... ..	£110,957.
Sum represented by a Penny Rate	... ..	£440.4s.4d.
Area	... ..	57,122 acres.

APPENDIX A TABLE 2

BIRTH RATE	16.39	Comparability Factor	1.09
		M	F
Live Births	Total	105	93
	Legitimate	101	89
	Illegitimate	4	4
Still Births	Total	2	2
	Legitimate	2	2
	Illegitimate	-	-
Deaths of Infants under one year	Total	2	3
	Legitimate	2	3
	Illegitimate	-	-
Deaths of Infants under four weeks	Total	2	2
	Legitimate	2	2
	Illegitimate	-	-
Deaths of Infants under one week	Total	2	-
	Legitimate	2	-
	Illegitimate	-	-

APPENDIX A TABLE 3

DEATH RATE	9.6	Comparability Factor	0.84	
		M	F	Total
Heart:	Coronary Disease	11	3	19
	Other Heart Disease	7	11	18
Circulation:	Vascular Lesions of nervous system	9	20	29
	Other circulatory diseases	7	5	12
Cancer of:	Stomach	3	2	5
	Lung	3	-	3
	Uterus	-	1	1
	Breast	-	-	-
	Other Sites	7	12	19
Lungs:	Tuberculosis	-	1	1
	Influenza	1	-	1
	Pneumonia	5	2	7
	Bronchitis	3	3	6
	Other respiratory diseases	-	1	1
Leukaemia		2	-	2
Infective and Parasitic diseases		-	-	-
Diabetes		-	-	-
Gastritis		-	-	-
Duodenal Ulcer		-	-	-
Nephritis		-	-	-
Hyperplasia of prostate		1	-	1
Congenital malformations		-	2	2
Other ill-defined diseases		8	10	18
Motor vehicle accidents		2	1	3
All other accidents		3	-	3
Suicide		1	-	1
		73	79	152

APPENDIX B TABLE 1Curry Rivel Child Welfare Clinic

Statistics for the twelve months ended
31st December, 1961.

1.	Number of Sessions	...	...	...	...	12
2.	Number of children who attended in 1961					
	(a) born in 1961	...	...	...	...	23
	(b) born in 1960	...	...	...	...	23
	(c) born in 1956-1959	...	...	...	...	28
3.	Number of attendances during the year by children who at date of attendance were					
	(a) under 1 year	...	...	...	...	184
	(b) 1 - 2 years	...	...	...	...	90
	(c) 2 - 5 years	...	...	...	...	149

APPENDIX B TABLE 2

<u>Name of School.</u>	<u>Number on Roll.</u>	<u>Number Inspected.</u>	<u>Date of Inspection.</u>	<u>Children Having Milk</u>	<u>Dinner</u>	<u>Diphtheria Immunisation.</u>	<u>Date of Last Dental Inspection.</u>
Barrington	39	21	18.10.61.	100%	89.74%	10	12.11.60.
Curry Mallet	23	13	17.10.61.	100%	100%	3	11. 8.55
Drayton	12	8	6. 9.61.	100%	66.66%	8	24. 2.55.
Fivehead	32	15	8.11.61.	87.5%	87.5%	2	May 1959
Hambridge	42	24	19. 9.61.	100%	90.47%	24	7. 5.59.
Huish Episcopi Secondary							
Modern	489	209	29/30/31 5.61.	71.57%	71.57%	-	March 1958
Kingsbury Episcopi	92	26	27. 9.61.	78.77%	80.43%	6	11. 3.59.

APPENDIX B TABLE 3Diphtheria and Whooping Cough Immunisation

	Children born in the years:							Total
	1961	1960	1959	1958	1957	1952-56	1947-51	
Primary course	52	104	23	5	3	9	20	216
Reinforcing injections (Diphtheria only)	-	-	-	1	1	136	20	158

Poliomyelitis Vaccination

	<u>Children born 1943-61.</u>	<u>Young Persons born 1933-42.</u>	<u>Persons under 40 yrs. of age.</u>	<u>Persons over 40 yrs. in Priority Groups.</u>
Primary course	240	40	229	6
Number of Persons (all groups) who received a third (reinforcing) injection.	...	...	...	...
Number of Children in 5 - 11 age group who received a fourth (reinforcing) injection	...	...	...	...
				466
				998

Smallpox Vaccination

	<u>Under 1 yr.</u>	<u>1 yr.</u>	<u>2-4 yrs.</u>	<u>5-14 yrs.</u>	<u>15 or over.</u>	<u>Total.</u>
Primary	107	2	5	5	1	120
Re-vaccination	-	-	4	1	5	10

APPENDIX C TABLE 1Infectious and Other Notifiable Diseases.

Scarlet Fever	11
Whooping Cough	11
Measles	284
Dysentery	8
Meningitis	1
Pneumonia	12

Analysis of Cases Notified

	<u>Under</u> <u>1 yr.</u>	<u>1-2</u>	<u>2-3</u>	<u>3-4</u>	<u>4-5</u>	<u>5-10</u>	<u>10-15</u>	<u>15-20</u>	<u>20-35</u>	<u>35-45</u>	<u>45-65</u>	<u>65+</u>	<u>Age</u> <u>Unknown</u>
Scarlet Fever		3			2	6							
Whooping Cough	1	1	1		2	6							
Measles	4	13	20	33	25	152	15			2			
Dysentery	1		1					3	1	2			
Meningitis		1											
Pneumonia							1	1	1		6	2	1

Tuberculosis

<u>Age Group</u>	<u>New Cases</u>				<u>Deaths</u>			
	<u>Respiratory</u>		<u>Non-Respiratory</u>		<u>Respiratory</u>		<u>Non-Respiratory</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
- 1								
1 - 5								
5 - 15								
15 - 25	2							
25 - 35								
35 - 45								
45 - 55								
55 - 65	1							
65+						1		
Age Unknown								
Total:	3					1		

APPENDIX C TABLE 2Mass Radiography Survey.Church Entrance, Curry Rivel.

22nd June, 1961

	<u>M</u>	<u>F</u>	<u>Total</u>
Number X-Rayed	63	103	166
Chest abnormalities detected	-	1	1

Analysis

Tuberculosis - requiring
occasional out-patient
supervision

-	1	1
---	---	---

Parish Room, Somerton.

	<u>M</u>	<u>F</u>	<u>Total</u>
26th June, 1961			
Number X-Rayed	90	217	307
Chest abnormalities detected	1	3	4
<u>Analysis</u>			
Healed Tuberculosis	-	1	1
Acquired Cardiac lesion	1	1	2
Inflammatory change	-	1	1

Church Entrance, Barrington.

	<u>M</u>	<u>F</u>	<u>Total</u>
23rd October, 1961			
Number X-Rayed	45	64	109
Chest abnormalities detected	1	3	4
<u>Analysis</u>			
Healed Tuberculosis	-	1	1
Acquired cardiac lesion	1	1	2
Bronchiectasis	-	1	1

APPENDIX D TABLE 1Water Supplies

Piped Supplies - results of samples taken for Analysis

<u>Raw Water</u>				<u>Treated after going into Supply.</u>			
<u>Bacteriological</u>		<u>Chemical</u>		<u>Bacteriological</u>		<u>Chemical</u>	
<u>Satis-</u>	<u>Unsatis-</u>	<u>Satis-</u>	<u>Unsatis-</u>	<u>Satis-</u>	<u>Unsatis-</u>	<u>Satis-</u>	<u>Unsatis-</u>
<u>factory.</u>	<u>factory.</u>	<u>factory.</u>	<u>factory.</u>	<u>factory.</u>	<u>factory.</u>	<u>factory.</u>	<u>factory.</u>
6	3	1	-	54	1	3	-

Water supplies from Public Mains.

	<u>Direct to the Houses</u>				<u>By Means of Standpipes</u>			
	<u>Public</u>	<u>Water</u>	<u>Private</u>		<u>Public</u>	<u>Water</u>	<u>Private</u>	
		<u>Companies</u>				<u>Companies</u>		
No. of Dwellings	4,123	-	-		-	-	-	
Population	12,162							

APPENDIX D TABLE 2Factories Acts, 1937-59

	<u>Number on</u>	<u>Inspections.</u>	<u>Written</u>	<u>Occupiers</u>
	<u>Register.</u>		<u>Notices.</u>	<u>Prosecuted.</u>
(1) Factories in which Sections 1,2,3,4 and 6 enforced by Local Authority	2	26	-	-
(11) Factories not included in (1) in which Section 7 is enforced by the Local Authority	63	15	-	-
(111) Other premises in which Section 7 is enforced by the Local Authority (excluding outworker's premises)	-	-	-	-

Cases in which defects were found	...	...	...	...	...	1
Cases in which defects found were remedied	...	...	...	...	...	1

Outworkers

Number of outworkers in August list required by Section 110	...	103
---	-----	-----

APPENDIX D TABLE 3

Housing

Action taken during year.

1. Number of houses included in Clearance Areas for which Orders are still to be made	...	...	...	...	-
2. Number of houses in Clearance Areas which have been patched for temporary accommodation under Section 48 of the Housing Act, 1957	...	...	...	...	-
3. Number of houses closed or demolished under Section 42 of the Housing Act, 1957 (Clearance Areas)	...	...	...	...	7
4. Number of houses demolished or closed					
(a) under Section 17 of the Housing Act, 1957 (individual unfits)	...	...	...	...	6
(b) for other purposes (road improvements, etc)	...	...	...	...	-
5. Number of temporary dwellings(huts, etc) demolished	...	...	...	...	-
6. Number of houses declared unfit under Section 9 of the Housing Act, 1957 (capable of repair)	...	...	...	...	-
7. Number of houses made fit during year	...	...	...	...	94
8. Number of unfit houses occupied under licence	...	...	...	...	-
9. Rent Act, 1957 (1st Schedule)					
Certificates of Disrepair:-					
(a) Number of applications received	...	...	...	...	-
(b) Number of Certificates issued	...	...	...	...	-
Undertakings accepted under Section 16	...	...	...	...	5

10 houses subject to Undertakings and 2 houses subject to Closing Orders were made fit during the year, and are included in the figure at (7) above.

<u>Houses erected during year.</u>		<u>Houses in course of erection.</u>		<u>Gained from conversion</u>	<u>Lost from conversion</u>
<u>For Slum Clearance.</u>	<u>For Other Purposes.</u>	<u>For Slum Clearance.</u>	<u>For Other Purposes.</u>	<u>of large houses or buildings into flats or dwellings.</u>	<u>of two or more houses to one.</u>

Local Authority	8	4	8	6	-	-
Private Enterprise	-	39	-	22	1	1

No. of Post-War houses erected from
1st April, 1945 to 31st December, 1961.

By Local Authority By Private Enterprise

509

288

Housing Programme for 1962.

For Slum Clearance. For Other Purposes.

- Housing the Aged - 32.

(a) Number of temporary housing units occupied:

 (i) Prefabs -

 (ii) Huts, etc. 4

(b) Number of houses found overcrowded -

Houses Required.

(i)	To replace houses scheduled for demolition	...	...	156
(ii)	To abate overcrowding	...	...	-
(iii)	For other purposes	...	...	-
(iv)(a)	Total number of applications for Council Houses at the end of the year	...	...	151
(b)	If applications classified give number of:			
	- urgent bona fide cases	...	...	-
	- others	...	...	-
(v)	Total number of Council Houses sold during year	...	...	2

	Number of permanent dwellings in District as at 31.12.60 (a)	Gained from conversions a & b and erected during 1961 (b)	Total Less houses demolished, closed, etc. during year.	Number of permanent dwellings in District as at 31.12.61. L.A. P.E.
Local Authority	898	12	910	- 910
Private Enterprise	3,519	39	3,558	18 3,540
Totals:	4,417	51	4,468	18 910 3,540

Old People's Dwellings

Number erected to 31.12.61.		Number in course of erection.		Number of Applicants for Old People's Dwellings.
With County Council Aid.	Without County Council Aid.	With County Council Aid.	Without County Council Aid.	
20	-	6	-	43

Improvement Grants.A. Discretionary.

Number of applications and houses dealt with by Local Authority during year:

	<u>Received</u>		<u>Approved</u>	
Applications	Number of Dwellings.	Applications	Number of Dwellings	
14	18	14	18	
Number of applications approved in respect of owner/occupiers during year	...	...	...	6
Average cost per dwelling approved during year	...	...	...	£850
Amount of Grant payable by Local Authority	...	...	...	£6,658

B. Standard.

Number of applications	(a) Received	...	...	...	68
	(b) Approved	...	...	...	64
Number of houses where standard amenities have been provided	...	...	...	...	43

APPENDIX D TABLE 4Meat Inspection.

	<u>Cattle</u> <u>Excluding</u> <u>Cows</u>	<u>Cows</u>	<u>Calves</u>	<u>Sheep</u> <u>and</u> <u>Lambs</u>	<u>Pigs</u>	<u>Horses</u>
Number killed	726	1,429	406	5,098	9,528	-
Number inspected	726	1,429	406	5,098	9,528	-
<u>All Diseases except Tuberculosis</u> <u>and Cysticerci.</u>						
Whole carcasses condemned	15	103	19	32	80	-
Carcasses of which some part or organ was condemned	46	753	5	573	603	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	8.4	59.9	6.4	11.8	7.1	-
<u>Tuberculosis only.</u>						
Whole carcasses condemned	1	9	1	-	-	-
Carcasses of which some part or organ was condemned	7	415	18	-	206	-
Percentage of the number inspected affected with tuberculosis	1.1	*29.6	4.6	-	2.1	-
<u>Cysticercosis</u>						
Carcasses of which some part or organ was condemned	4	9	-	-	-	-
Carcasses submitted to treatment by refrigeration	4	9	-	-	-	-
Generalised and totally condemned	-	+1	-	-	-	-
<u>Weight of meat condemned</u> <u>in lbs. for:-</u>						
(a) Tuberculosis	979	13,527	394	-	2,713	-
(b) Cysticercosis	112	1,022	-	-	-	-
(c) Other	5,233	74,498	916	3,526	12,707	-
Total (ib lbs.) condemned:	6,324	89,047	1,310	3,526	*15,420	

* This percentage is somewhat high because of the substantial numbers of reactors dealt with in this area on behalf of the Ministry of Agriculture, Fisheries & Food.

+ This animal was surrendered by the owner as not worthy of cold storage as recommended by Memo 3.

* The total weight of meat condemned is somewhat high because of the substantial numbers of casualty animals being dealt with at a slaughterhouse in the area

